

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

JOSEPH W BAKER
BARBARA A BAKER
Debtor(s)

Case No. 17-17282

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 06/06/2017.
- 2) The plan was confirmed on 08/24/2017.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 03/01/2018.
- 6) Number of months from filing to last payment: 4.
- 7) Number of months case was pending: 10.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$8,356.00
Less amount refunded to debtor \$0.00

NET RECEIPTS: \$8,356.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$3,000.00
Court Costs \$0.00
Trustee Expenses & Compensation \$396.90
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$3,396.90

Attorney fees paid and disclosed by debtor: \$1,000.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ACL INC	Unsecured	94.30	NA	NA	0.00	0.00
ADVOCATE HEALTH CARE	Unsecured	6,153.00	NA	NA	0.00	0.00
ADVOCATE MEDICAL GROUP	Unsecured	0.00	NA	NA	0.00	0.00
Advocate South Suburban Hospital	Unsecured	2,503.00	NA	NA	0.00	0.00
ASSOCIATED RADIOLOGISTS OF JOL	Unsecured	40.00	NA	NA	0.00	0.00
CAPITAL ONE NA	Unsecured	700.00	728.35	728.35	0.00	0.00
Col Debt Collection	Unsecured	356.40	NA	NA	0.00	0.00
COMPREHENSIVE PATHOLOGY SER'	Unsecured	13.50	NA	NA	0.00	0.00
CREDITORS DISCOUNT & AUDIT	Unsecured	NA	1,418.00	1,418.00	0.00	0.00
DEPARTMENT STORE NATIONAL BA	Unsecured	1,079.00	1,732.03	1,732.03	0.00	0.00
DR PAUL C GOSSETT & ASSOC/AMM	Unsecured	NA	4,630.22	4,630.22	0.00	0.00
EM STRATEGIES	Unsecured	544.00	NA	NA	0.00	0.00
GENESIS THERAPY CENTER	Unsecured	285.30	NA	NA	0.00	0.00
GRABOWSKI LAW CENTER	Unsecured	5,060.34	NA	NA	0.00	0.00
HEART CARE CENTER OF ILLINOIS	Unsecured	7,349.00	7,349.00	7,349.00	0.00	0.00
HIGH TECH MEDICAL	Unsecured	118.75	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Priority	28,391.00	56,807.41	56,807.41	4,959.10	0.00
INTERNAL REVENUE SERVICE	Priority	13,827.02	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Priority	1,173.30	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Unsecured	NA	18,215.31	18,215.31	0.00	0.00
LAKE ANESTHESIA ASSOC	Unsecured	105.85	NA	NA	0.00	0.00
MIDWEST DIAGNOSTIC PATHOLOGY	Unsecured	46.00	NA	NA	0.00	0.00
OAKLAWN RADIOLOGY IMAGING	Unsecured	618.78	NA	NA	0.00	0.00
Orland Fire Protection	Unsecured	1,268.00	NA	NA	0.00	0.00
PALOS COMMUNITY HOSPITAL	Unsecured	1,124.00	NA	NA	0.00	0.00
Parkview Orthopedic Group	Unsecured	1,393.00	NA	NA	0.00	0.00
PHYSICAL THERAPY & SPORTS	Unsecured	529.13	NA	NA	0.00	0.00
PHYSICIANS PROMPT CARE CENTER	Unsecured	427.00	NA	NA	0.00	0.00
RADIOLOGY & NUCLEAR MEDICAL	Unsecured	43.00	NA	NA	0.00	0.00
RADIOLOGY IMAGING CONSULTAN	Unsecured	315.00	NA	NA	0.00	0.00
SANTANDER BANK NA	Secured	34,564.62	37,742.59	0.00	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
SANTANDER BANK NA	Secured	132,396.81	115,024.41	152,777.10	0.00	0.00
SCHOTTLER & ASSOCIATES	Priority	3,000.00	NA	NA	0.00	0.00
SILVER CROSS HOSPITAL	Unsecured	6,759.00	6,606.31	6,606.31	0.00	0.00
SOUTH SUBURBAN CARDIOLOGY	Unsecured	150.00	NA	NA	0.00	0.00
Southwest Cardio Consultants	Unsecured	25.00	NA	NA	0.00	0.00
UNIVERSITY OF CHICAGO PHYSICIA	Unsecured	505.00	NA	NA	0.00	0.00
VILLAGE OF FLOSSMOOR	Unsecured	1,121.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$152,777.10	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$152,777.10	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$56,807.41	\$4,959.10	\$0.00
TOTAL PRIORITY:	\$56,807.41	\$4,959.10	\$0.00
GENERAL UNSECURED PAYMENTS:	\$40,679.22	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$3,396.90</u>	
Disbursements to Creditors	<u>\$4,959.10</u>	
TOTAL DISBURSEMENTS :		<u>\$8,356.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 04/02/2018

By: /s/ Tom Vaughn

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.